IDAHO DEPARTMENT OF
# HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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March 23, 2009

Steve Silberberger
Seven Oaks Community Homes - Candlewood
3940 West 5th Avenue #C
Post Falls, ID 83854

RE: Seven Oaks Community Homes - Candlewood, Provider #13G075

Dear Mr. Silberberger:

This is to advise you of the findings of the Medicaid/Licensure survey of Seven Oaks Community Homes - Candlewood, which was conducted on March 19, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **April 6, 2009,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by April 6, 2009. If a request for informal dispute resolution is received after April 6, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

MICHAEL A. CASE
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/mlw

Enclosures

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 13G075 | A. BUILDING _____ B. WING _____ | 03/19/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SEVEN OAKS COMMUNITY HOMES - CANDLEWOOD | 4880 CANDLEWOOD POST FALLS, ID 83854 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| W 000 | INITIAL COMMENTS<br><br>The following deficiencies were cited during the annual recertification survey.<br><br>The survey was conducted by:<br>Michael Case, LSW, QMRP<br><br>Common abbreviations/symbols used in this report are:<br>CNA - Certified Nursing Assistant<br>IM - Intermuscular<br>IPP - Individual Program Plan<br>LPN - Licensed Practical Nurse<br>MAR - Medication Administration Record | W 000 |  | |
| W 325 | 482.460(a)(3)(iii) PHYSICIAN SERVICES<br><br>The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and staff interview, it was determined the facility failed to ensure a routine screening laboratory examinations were provided to 1 of 2 individuals (Individual #1) whose laboratory records were reviewed. This resulted in the potential for medical concerns to go undetected. The findings include:<br><br>1. Individual #1's 4/16/08 IPP stated he was a 56 year old male whose diagnoses included severe mental retardation, diabetes, and hypercholesterolemia.<br><br>Individual #1's medical record was reviewed and showed his last occult blood test was completed | W 325 | **W325**<br><br>The facility will review all individuals needs and records to ensure that at a minimum all appropriate examinations and medical tests including routine screening laboratory examinations have been, and are being provided. On an annual basis and throughout the year as RN nursing assessments and reviews are completed, the RN will monitor the need for all such examinations and report her findings to the Administrator to prevent any future episodes of missed exams and testing.<br><br>Completion Date: April 6, 2009<br>By Whom: Administrator, Registered Nurse Consultant and Nursing Staff. | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Claude Richer | Program Director | 4-8-09 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 325 | Continued From page 1<br>in 11/07. Individual #1's record did not contain any information regarding annual occult blood testing being completed since 11/07.<br><br>When asked during an interview on 3/19/09 from 11:10 - 11:50 a.m., the Administrator and CNA both stated they believed occult blood testing had been completed since 11/07 but were unable to find documentation to support the belief.<br><br>The facility failed to ensure Individual #1 received annual occult blood testing. | W 325 | | |
| W 370 | 483.460(k)(3) DRUG ADMINISTRATION<br><br>The system for drug administration must assure that unlicensed personnel are allowed to administer drugs only if State law permits.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and staff interview, it was determined the facility failed to ensure medications were administered only by licensed personnel in accordance with state law for 1 of 2 individuals (Individual #2) whose medical records were reviewed. This resulted in medication being administered contrary to State law. The findings include:<br><br>1. Individual #2's 4/16/08 IPP stated he was a 46 year old male whose diagnoses included profound mental retardation, Down's syndrome, hypertension, and diabetes. His Physician's Orders, dated 1/1/09, stated he was to receive Delatestryl (a hormonal drug) 200 mg/ml 0.25 ml IM injection every two weeks.<br><br>Individual #2's MARs showed the facility's CNA administered the drug on the following dates: | W 370 | **W370**<br><br>The facility had previously consulted with the Board of Nursing and had understood this to be an appropriately delegated task. Upon review with the survey team, the facility has changed this procedure so that no injectable medication delivery is delegated to any non-licensed personnel.<br><br>Completion Date: March 20, 2009<br>By Whom: Administrator and Nursing Staff | |

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| W 370 | Continued From page 2<br>- 5/18/08<br>- 6/16/08<br>- 8/11/08<br>- 8/25/08<br>- 9/8/08<br>- 9/22/08<br>- 10/6/08<br>- 11/3/08<br>- 11/17/08<br>- 12/1/08<br>- 12/15/08<br>- 12/29/08<br>- 1/12/09<br>- 1/26/09<br>- 3/9/09<br><br>When asked during an interview on 3/19/09 from 11:10 - 11:50 a.m., the facility's CNA stated she had attended a Medical Assistants course, and provide a certificate of completion dated 5/5/06. The Administrator, who was present during the interview and who was the facility's acting LPN, stated he felt the task could be delegated to the CNA since she had completed the Medical Assistants training.<br><br>Idaho Administrative Code 23.01.01.490 defined Unlicensed Assistive Personnel (UAP) as unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. Additionally, Idaho Administrative Code 23.01.01.490.06.a.ii listed the preparation or administration of injections as a task that could not be delegated to unlicensed assistive personnel.<br><br>The facility failed to ensure medications were administered only by licensed personnel. | W 370 | | |
| W 381 | 483.460(l)(1) DRUG STORAGE AND | W 381 | | |

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| W 381 | Continued From page 3<br>RECORDKEEPING<br><br>The facility must store drugs under proper conditions of security.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, it was determined the facility failed to ensure drugs were stored securely for 4 of 4 individuals (Individuals #1 - #4) residing at the facility. This resulted in controlled drugs not being kept under a double lock system. Findings include:<br><br>1. During an environmental assessment on 3/18/09 from 12:00 - 12:20 p.m., the following medications were found under single lock in the medication cabinet:<br><br>- Individual #1's Lorazepam (an anxiolytic drug) 2 mg, one blister pac.<br><br>The Nursing 2008 Drug Handbook stated Lorazepam was a Schedule IV controlled substance.<br><br>When asked, the Home Manager who was present stated there was no double lock system in place.<br><br>During an interview on 3/19/09 from 11:10 - 11:50 a.m., the Administrator stated the double lock system had been overlooked.<br><br>The facility failed to ensure controlled drugs were kept under a double lock system. | W 381 | **W381**<br><br>The facility has implemented a double lock system which will be reviewed monthly be Nursing Staff and will be reviewed semi-annually by the administrator.<br><br>Completion Date: March 20, 2009<br>By Whom: Administrator and Nursing Staff. | |

Bureau of Facility Standards

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| MM419 | 16.03.11.120.06(b) Medical Supplies and Equipment<br><br>The facility must provide safe and adequate storage of medical supplies and equip a space appropriate for the preparation of medications.<br>This Rule is not met as evidenced by:<br>Refer to W381. | MM419 | **MM419**<br>Please refer to W381 | |
| MM750 | 16.03.11.270.02(d)(ii) Routine Screening Laboratory Examinations<br><br>Routine screening laboratory examinations, as determined necessary by the physician, and special studies when the index of suspicion is high.<br>This Rule is not met as evidenced by:<br>Refer to W325. | MM750 | **MM750**<br>Please refer to W325 | |
| MM755 | 16.03.11.270.02(f)(ii)(a) Resident unable to Self-Administrate<br><br>If the resident is not capable of self-administration of medications under staff supervision, this fact must be documented in the resident's assessment. Such residents cannot be accepted by facilities unless a licensed nurse is on duty to administer and record such medications.<br>This Rule is not met as evidenced by:<br>Refer to W370. | MM755 | **MM755**<br>Please refer to W370<br><br>RECEIVED<br>APR 08 2009<br>FACILITY STANDARDS | |

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Program Director — (X6) DATE: 4-8-09